

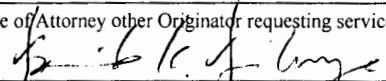
U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

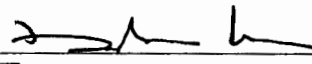
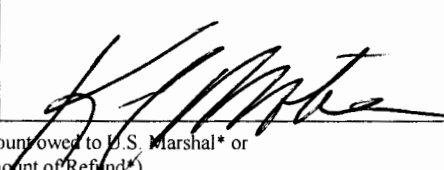
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF D.A.N. Joint Venture III, L.P.		COURT CASE NUMBER 19-cv-19814-JHR-JS
DEFENDANT New Greenways, LLC		TYPE OF PROCESS Writ of Execution
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN New Greenways LLC- vacant property, Lots 58, 63 and 68.24 in Block 201 on tax map of Township of Franklin	
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) Pennsylvania Avenue and Morningside Avenue, Township of Franklin, County of Gloucester, New Jersey	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Schumann Hanlon Margulies LLC David K. DeLonge, Esq. 30 Montgomery Street, Suite 990, Jersey City, NJ 07302		Number of process to be served with this Form 285 2 Number of parties to be served in this case 1 Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):
Post Writ of Execution at the vacant property in foreclosure, at Pennsylvania Avenue and Morningside Avenue, Township of Franklin, County of Gloucester, NJ described in Exhibit A and give notice provided to attorney for New Greenways LCC

Signature of Attorney or other Originator requesting service on behalf of: 	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 201 451-1400	DATE January 13, 2021
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. 50	District to Serve No. 50	Signature of Authorized USMS Deputy or Clerk 	Date
I hereby certify and return that I <input checked="" type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.					
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)					
Name and title of individual served (if not shown above)				Date 3/4/21	Time 1030 <input checked="" type="checkbox"/> am <input type="checkbox"/> pm
Address (complete only different than shown above)				Signature of U.S. Marshal or Deputy 	
Service Fee \$ 1.60	Total Mileage Charges (including endeavors) \$ 33.60	Forwarding Fee	Total Charges \$ 63.60	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)

REMARKS

Copy Clerk's Office